

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/180601** FILING DATE **16 NOV 1998**  
 APPLICANT(S) *Whita*

**CLAIMS**

	AS IND.	LED DEP.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
			IND.	DEP.	IND.	DEP.
1	/	/				
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TOTAL IND.	4					
TOTAL DEP.		4				
TOTAL CLAIMS	4	4				

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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